



# Breastfeeding Your Baby

## How to care for plugged ducts or breast infections

### What is a plugged duct?

Occasionally, a nursing mother can develop a blockage inside her breast that stops some of her milk from flowing to her baby. Sometimes this blockage (called a plugged duct) can cause the breast tissue to become infected.

Signs and symptoms of plugged ducts include:

- A tender area or painful lump in your breast.
- Skin redness.
- A full feeling over a large portion of the breast that stays firm even after nursing.

### Why does the milk duct become plugged?

A milk duct may become plugged for several reasons, including:

- Your baby does not completely empty your breast during each feeding. This can cause milk to build up. It may happen if:
  - Your baby is not given enough time to nurse.
  - Your baby is not latched on properly.
  - You miss a feeding.
  - Feedings are too far apart.
- Your clothing puts too much pressure on the breast tissue—especially underwire bras or bras that fit too tightly. A front or backpack style infant carrier can also cause problems if the straps are too tight.
- You have dried milk secretions on the tip of the nipple or a clogged nipple pore that blocks your milk flow.

### What can I do if I have a plugged milk duct?

If you think you may have a plugged milk duct, it's important to take care of it right away so you can stop a breast infection from developing. Here are some ways to prevent infection:

- Breastfeed at least every 1½ to 3 hours. Keep to a regular schedule. This will help drain the breast and clear out the plugged duct as well as give you a chance to bond with your baby.
- Begin each feeding on the side with the plugged duct because the baby empties the first side most effectively.
- If possible, increase the length of time you feed your baby, up to 20 minutes per side, and use both breasts at each feeding.
- Apply moist, warm heat to the plugged duct area for 10-15 minutes before nursing.
- Massage the breast just above the sore area while nursing.

- Vary your nursing position from time to time to relieve the pressure on your nipples. Try sitting up, lying down, and switching between using the football hold, cradle hold, and cross-cradle hold.
- Make sure your baby is properly positioned.
- Remove tight clothing or baby carriers. Find a well-fitting bra and use a carrier that does not squeeze the breast tissue.
- Be sure to get enough rest. Sleep when the baby sleeps. Get help with household chores or leave them undone until you feel better.
- Increase your fluid intake to about 8 to 10 glasses in a 24-hour period and eat a healthy, balanced diet.
- Look for dried milk secretions or a clogged pore on the nipple. Soak the visible plug in warm water. Then gently try to express the plug by hand.
- If needed, take acetaminophen (Tylenol) or ibuprofen (Advil or Motrin) to help relieve the pain.

If these suggestions do not relieve your discomfort or you have any questions, check with your practitioner or lactation consultant.

### What is a breast infection?

If left untreated, a plugged duct may become infected. This is known as "mastitis." The signs and symptoms of a breast infection may include:

- An inflamed area of the breast that is red, sore, and hot to the touch.
- Flu-like symptoms—including chills, body aches, tiredness, and fever.

If you have any of these symptoms, contact your practitioner right away. It's important that you begin treatment with antibiotics immediately. You should feel better within 24 hours with quick and proper treatment. Make sure that you completely finish all of the pills according to the schedule your practitioner has recommended, even if you feel like you're completely well.

### Should I stop breastfeeding if I develop a breast infection?

If your baby is healthy, it is not necessary to stop breastfeeding when you have a breast infection. The breast milk is not infected. Generally, breastfeeding helps your breast heal more quickly, and continues to provide your baby all the usual benefits. But if your baby is premature or very sick, check with his or her pediatrician to make sure it's safe to breastfeed while you have a breast infection.

In addition to seeing your practitioner and taking the medication as prescribed, here are some additional tips that will help you heal after getting a breast infection:

- Get plenty of extra rest.
- Continue breastfeeding frequently and regularly (at least every 1½ to 3 hours). Do not skip feedings! Temporary weaning or discontinuing breastfeeding may slow healing and lead to a sore breast.

- Start each feeding on the affected breast.
- Use moist, warm heat for 10-15 minutes on the affected breast before nursing.
- Massage the breast while it is warm and continue massaging during feeding.
- Wear loose fitting clothing and avoid bras that are too tight.
- Drink plenty of fluids and eat well.
- If needed, take acetaminophen (Tylenol) or ibuprofen (Advil or Motrin) to help relieve the pain.

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Additional resources:

- American Academy of Pediatrics: **[aap.org](http://aap.org)**
- The American College of Obstetricians & Gynecologists: **[acog.org](http://acog.org)**
- Visit the La Leche League Foundation web site at **[lalecheleague.org](http://lalecheleague.org)**
- Connect to our Web site at **[kp.org](http://kp.org)** to access health and drug encyclopedias, interactive programs, health classes, and much more.
- Check your *Kaiser Permanente Healthwise Handbook*.
- Contact your Kaiser Permanente Health Education Center or Department for health information, programs, and other resources.
- *The Nursing Mother's Companion* by Kathleen Huggins (Harvard Common Press, revised 2005).
- *Breastfeeding Pure & Simple* by Gwen Gotsch (La Leche League International, revised 2000).

This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other health care professional. If you have persistent health problems, or if you have additional questions, please consult with your doctor.